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Medical Imagery

Vesico-pustular blastomycosis

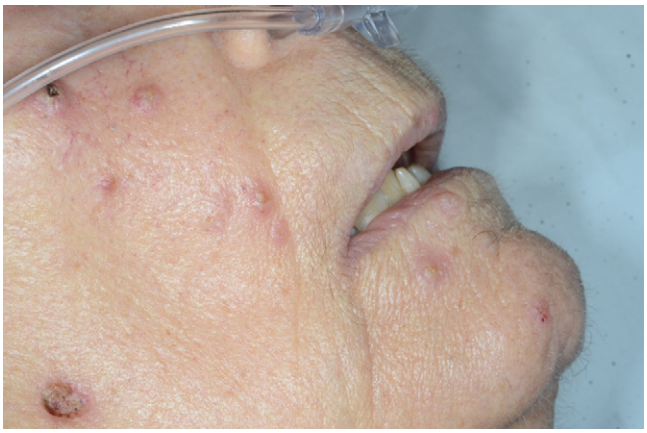

Figure 1. Pustular lesions on the face.

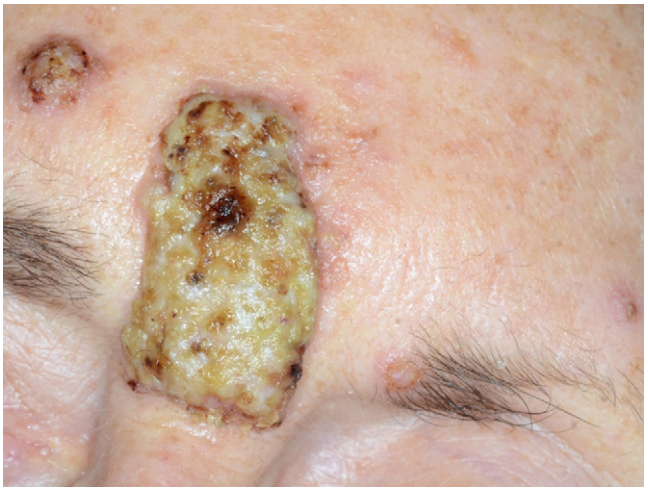

Figure 3. Forehead lesion.

Figure 2. Lesion on the left leg.

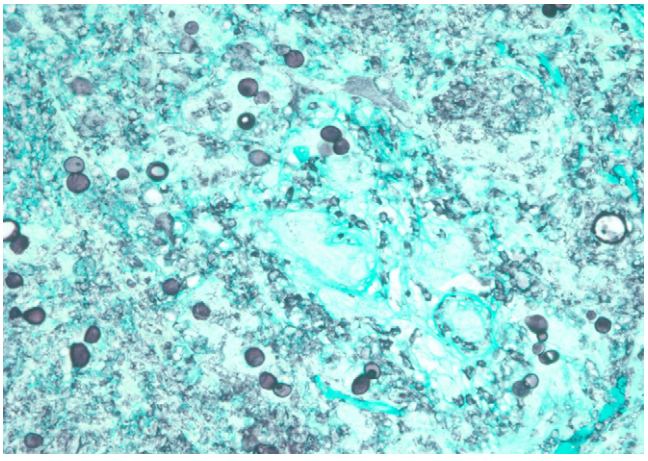

Figure 4. GMS stain.

The patient was a 74-year-old female with a history of polycystic kidney disease, status post living related renal transplant 10 years ago, on tacrolimus, azathioprine, and prednisone, who presented with many vesicular skin lesions that evolved into pustules (Figures 1–4). When she had the initial vesicular lesions, they were thought to be herpetic. Subsequently, she developed a rapidly enlarging verrucous lesion on her forehead and a right forearm abscess. Computed tomography of the chest revealed multiple pulmonary nodules. A skin biopsy from her left hand demonstrated yeast with broad-based

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budding on Grocott's methenamine silver (GMS) and periodic acid–Schiff (PAS) stains. Culture from the right forearm abscess grew *Blastomyces dermatitidis*. She also had retinal lesions suggestive of blastomycosis. The patient was treated for disseminated blastomycosis with 2 weeks of amphotericin B and then itraconazole. The skin lesions improved; however, the patient died from other complications. The presentation of vesicopustular blastomycosis is very rare and can be mistaken for herpetic lesions.

Conflict of interest: No conflict of interest to declare.

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